

March 26, 1986

Armando

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. CA T000038034	2. Page 1 of 1	3. Information in the shaded areas is not required by Federal law
3. Generator's Name and Mailing Address F.M. THOMAS Co. 231 Gemini, Brea CA		6. US EPA ID Number	A. State Manifest Document Number 84345278	
4. Generator's Phone (714) 738-1062		8. US EPA ID Number	B. State Generator's ID CA T000038034	
5. Transporter 1 Company Name F. M. THOMAS		10. US EPA ID Number	C. State Transporter's ID CAD042245001	
7. Transporter 2 Company Name			D. Transporter's Phone 714/738-1062	
9. Designated Facility Name and Site Address Omega Recovery Services 12504 E. Whittier Blvd. Whittier, CA 90602			E. State Transporter's ID	
			F. Transporter's Phone	
			G. State Facility's ID CAD042245001	
			H. Facility's Phone 213/698-0991	
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers No. Type	13. Total Quantity	14. Unit Wt/Vol
a. Hazardous waste, Liquid N.O.S. ORM-E NA 9189 (R-11)		3	400	P
b.				
c.				
d.				
J. Additional Descriptions for Materials Listed Above		K. Handling Codes for Wastes Listed Above R01		
15. Special Handling Instructions and Additional Information				
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.				
Printed/Typed Name Armando Guzzardo		Signature [Signature]	Date 3-26-86	
17. Transporter 1 Acknowledgement of Receipt of Materials		Date 3-26-86		
Printed/Typed Name Armando Guzzardo		Signature [Signature]	Month Day Year 3 26 86	
18. Transporter 2 Acknowledgement or Receipt of Materials		Date		
Printed/Typed Name		Signature	Month Day Year	
19. Discrepancy Indication Space				
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.				
Printed/Typed Name Henry R. Solomon		Signature [Signature]	Date 03/26/86	